



Reprinted  
March 5, 1999

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## HOUSE BILL No. 1403

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DIGEST OF HB 1403 (Updated March 4, 1999 1:29 pm - DI 77)

**Citations Affected:** IC 12-15; IC 25-27.5; IC 34-30.

**Synopsis:** Advanced practice nurse and physician assistant services. Establishes the mandated health insurance services evaluation commission. Adds services provided by advanced practice nurses to the services that are provided under Medicaid, so long as those services are rendered in a school based clinic, community health center, or federally qualified health center. Provides that an advanced practice nurse is eligible for direct reimbursement from Medicaid for providing services in a school based clinic, community health center, or federally qualified health center. Changes the certification process for a physician assistant to a licensure process. Authorizes a licensed physician to delegate prescribing privileges to a physician assistant. Authorizes the  
(Continued next page)

**Effective:** July 1, 1999.

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**Brown C, Kruzan, Duncan,  
Behning, Crosby**

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January 12, 1999, read first time and referred to Committee on Public Health.  
February 24, 1999, amended, reported — Do Pass.  
March 4, 1999, read second time, amended, ordered engrossed.

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HB 1403—LS 7483/DI 88+



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supervising physician to supervise two physician assistants. Authorizes a physician assistant to certify the health status of patients. Authorizes a physician assistant to provide care in a disaster or emergency situation without liability unless the physician assistant is grossly, willfully, or wantonly negligent.

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Reprinted  
March 5, 1999

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

## HOUSE BILL No. 1403

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 2-2.1-4 IS ADDED TO THE INDIANA CODE AS  
2 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 1999]:

4 **Chapter 4. Mandated Health Insurance Services Evaluation**

5 **Sec. 1. The general assembly finds the following:**

6 (1) **Before acting on proposed health insurance mandates, the**  
7 **general assembly should carefully consider the effects of the**  
8 **mandates on consumers, workers, and small businesses.**

9 (2) **The general assembly has sometimes acted without**  
10 **adequate information concerning the costs of health insurance**  
11 **mandates, focusing instead only on the benefits.**

12 (3) **The costs of health insurance mandates are sometimes**  
13 **paid in part by consumers in the form of higher prices and**  
14 **reduced availability of goods and services.**

15 (4) **The costs of health insurance mandates are sometimes**

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1 paid in part by workers in the form of lower wages, reduced  
2 benefits, and fewer job opportunities.

3 (5) The costs of health insurance mandates are sometimes  
4 paid in part by small businesses in the form of hiring  
5 disincentives and stunted growth.

6 Sec. 2. As used in this chapter, "commission" means the  
7 mandated health insurance services evaluation commission  
8 established under section 4 of this chapter.

9 Sec. 3. As used in this chapter, "mandated health insurance  
10 service" means a legislative proposal that:

11 (1) requires coverage, or requires offering of coverage, for the  
12 expenses of specified services, treatments, diseases, or lengths  
13 of stay under any policy, contract, plan, or other arrangement  
14 providing sickness and accident or other health care benefits  
15 to policyholders, subscribers, members, or other  
16 beneficiaries; or

17 (2) requires direct reimbursement, or requires a specific  
18 amount of reimbursement, of health care providers under any  
19 policy, contract, plan, or other arrangement providing  
20 sickness and accident or other health care benefits to  
21 policyholders, subscribers, members, or other beneficiaries.

22 Sec. 4. The mandated health insurance services evaluation  
23 commission is established to assess the social, medical, and  
24 financial impacts of proposed mandated health insurance services.

25 Sec. 5. (a) The commission consists of fourteen (14) members  
26 appointed as follows:

27 (1) Two (2) members of the house of representatives, to be  
28 appointed by the speaker of the house of representatives. The  
29 individuals appointed under this subdivision must be  
30 members of different political parties.

31 (2) Two (2) members of the senate, to be appointed by the  
32 president pro tempore of the senate. The individuals  
33 appointed under this subdivision must be members of  
34 different political parties.

35 (3) Two (2) members to represent small business, one (1) to be  
36 appointed by the speaker of the house of representatives and  
37 one (1) to be appointed by the president pro tempore of the  
38 senate.

39 (4) One (1) member to represent the insurance industry, to be  
40 appointed by the president pro tempore of the senate.

41 (5) One (1) member to represent labor, to be appointed by the  
42 speaker of the house of representatives.



(6) One (1) member who is employed with an independent actuarial firm, to be appointed by the president pro tempore of the senate.

(7) Two (2) members who are physician providers, one (1) to be appointed by the speaker of the house of representatives and one (1) to be appointed by the president pro tempore of the senate. At least one (1) member appointed under this subdivision shall represent Indiana hospitals.

(8) Three (3) members who are consumers and who are employed, one (1) to be appointed by the president pro tempore of the senate and two (2) to be appointed by the speaker of the house of representatives. Not more than one (1) member appointed under this subdivision may be a member of or represent a consumer advocate group or organization.

(b) Not more than seven (7) members appointed to the commission may be members of the same political party.

(c) The members of the commission shall elect the commission's chairperson.

Sec. 6. (a) The commission shall meet at least one (1) time each month.

(b) The commission shall meet at the call of the chairperson.

(c) Eight (8) members of the commission constitute a quorum.

(d) The commission may take a final action upon the approval of eight (8) members of the commission.

Sec. 7. (a) Each commission member who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each commission member who is a state employee is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

Sec. 8. The legislative services agency shall provide administrative support for the commission.

Sec. 9. (a) If a bill or resolution that is introduced or pending in the general assembly contains a mandated health insurance service, the commission shall determine the following:



(1) The social impact of the proposed mandate, including the following:

(A) The extent to which the service is needed by and generally used by a significant portion of Indiana citizens.

(B) The extent to which insurance coverage for the service is already generally available.

(C) If insurance coverage for the service is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatment.

(D) If insurance coverage for the service is not generally available, the extent to which the lack of coverage results in unreasonable financial hardships.

(E) The level of the public demand for the service.

(F) The level of the public demand for insurance coverage for the service.

(G) The extent of public demand for the inclusion of insurance coverage for the service in policies, contracts, plans, or other arrangements negotiated through collective bargaining.

(H) The extent to which the service is covered or provided by self-funded employer groups in Indiana that employ at least five hundred (500) employees.

(2) The medical impact of the proposed mandate, including the following:

(A) The extent to which the service is generally recognized by the medical community as being effective in the treatment of patients.

(B) The extent to which the service is generally recognized by the medical community, as demonstrated by a review of scientific and peer review literature.

(C) The extent to which the service is generally available and used by treating physicians.

(D) If the proposed mandate would require insurance coverage for a particular therapy, the results of at least one (1) professionally-accepted controlled trial comparing the medical consequences of the proposed therapy, alternative therapies, and no therapy.

(E) If the proposed mandate would require insurance coverage for an additional class of persons, the results of at least one (1) professionally-accepted controlled trial comparing the medical results achieved by the additional class of persons and the persons already covered.



(3) The financial impact of the proposed mandate, including the following:

(A) The extent to which insurance coverage for the service will increase or decrease the cost of the service.

(B) The extent to which insurance coverage for the service will increase the appropriate use of the service.

(C) The extent to which the service will be a substitute for a more expensive service.

(D) The extent to which insurance coverage for the service will increase or decrease the administrative expenses of insurers and the premiums and administrative expenses of policyholders, subscribers, members, or other beneficiaries under policies, contracts, plans, or other arrangements.

(E) The effect of the mandate, including any disproportionate impact in particular regions or industries, on consumers, workers, and small businesses, including the effect of the mandate on the following:

(i) Consumer prices and the supply of goods and services in consumer markets.

(ii) Worker wages, worker benefits, and employment opportunities.

(iii) Hiring practices, expansion, and profitability of businesses, including the hiring practices, expansion, and profitability of businesses with not more than one hundred (100) employees.

(F) The effect of the insurance coverage for the service on the total cost and availability of health care in Indiana.

(G) The effect of the mandate on employers' ability to purchase health insurance policies meeting their employees' needs.

(b) The commission shall also have prepared an actuarial analysis of each mandated health insurance service described in subsection (a). The actuarial analysis must:

(1) be prepared by or under the supervision of an actuary;

(2) be completed in accordance with the actuarial standards of practice adopted by the Actuarial Standards Board of the American Academy of Actuaries; and

(3) include at least the following:

(A) A summary of the mandated health insurance service.

(B) A description or reference to the actuarial assumptions and actuarial cost methods used in the analysis.

(C) A statement of the financial impact of the proposed



1           **mandated health insurance service on public and private**  
 2           **insurance markets.**

3           **Sec. 10. The commission shall prepare the mandated health**  
 4           **insurance service analysis required by subsection (a) and shall**  
 5           **provide copies of the analysis to any committee of the house of**  
 6           **representatives or the senate to which the bill is assigned.**

7           SECTION 2. IC 12-15-5-1 IS AMENDED TO READ AS  
 8           FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. Except as provided  
 9           in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services  
 10          and supplies are provided under Medicaid:

- 11          (1) Inpatient hospital services.
- 12          (2) Nursing facility services.
- 13          (3) Physician's services, including services provided under
- 14          IC 25-10-1 and IC 25-22.5-1.
- 15          (4) Outpatient hospital or clinic services.
- 16          (5) Home health care services.
- 17          (6) Private duty nursing services.
- 18          (7) Physical therapy and related services.
- 19          (8) Dental services.
- 20          (9) Prescribed laboratory and x-ray services.
- 21          (10) Prescribed drugs and services.
- 22          (11) Eyeglasses and prosthetic devices.
- 23          (12) Optometric services.
- 24          (13) Diagnostic, screening, preventive, and rehabilitative services.
- 25          (14) Podiatric medicine services.
- 26          (15) Hospice services.
- 27          (16) Services or supplies recognized under Indiana law and
- 28          specified under rules adopted by the office.
- 29          (17) Family planning services except the performance of
- 30          abortions.
- 31          (18) Nonmedical nursing care given in accordance with the tenets
- 32          and practices of a recognized church or religious denomination to
- 33          an individual qualified for Medicaid who depends upon healing
- 34          by prayer and spiritual means alone in accordance with the tenets
- 35          and practices of the individual's church or religious denomination.
- 36          (19) Services provided to individuals described in IC 12-15-2-8
- 37          and IC 12-15-2-9.
- 38          (20) Services provided under IC 12-15-34 and IC 12-15-32.
- 39          (21) Case management services provided to individuals described
- 40          in IC 12-15-2-11 and IC 12-15-2-13.
- 41          (22) **Services provided by advanced practice nurses (as**
- 42          **defined in IC 25-23-1-1(b)) in school based clinics, community**





health centers, and federally qualified health centers.

~~(22)~~ (23) Any other type of remedial care recognized under Indiana law and specified by the United States Secretary of Health and Human Services.

SECTION 3. IC 12-15-13-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 7. The office shall reimburse an advanced practice nurse (as defined in IC 25-23-1-1(b)) for services provided by the advanced practice nurse in any of the following settings:**

(1) School based clinics.

(2) Community health centers.

(3) Federally qualified health centers (as defined in 42 U.S.C. 1396d(l)(2)(B)).

SECTION 4. IC 25-27.5-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. This article does not apply to the following:

(1) A physician assistant trainee or a student enrolled in a physician assistant or a surgeon assistant educational program accredited by the CAHEA, **CAAHEP, or a successor agency.**

(2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.

(3) A health care professional, technician, ~~and~~ **or** other assistant or employee of a physician who performs delegated tasks in the office of a physician but who does not render services as a physician assistant or profess to be a physician assistant.

SECTION 5. IC 25-27.5-2-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 1.5 "Administer a drug" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means to the body of a patient.**

SECTION 6. IC 25-27.5-2-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. "Approved program" means a physician assistant or a surgeon assistant program accredited by CAHEA, **CAAHEP, or a successor agency.**

SECTION 7. IC 25-27.5-2-4.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 4.5. "CAAHEP" refers to the Commission on Accreditation of Allied Health Education Programs.**

SECTION 8. IC 25-27.5-2-7.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 7.3 "Dispense" means issuing one**



(1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to, or use by, a patient or issuing medical devices.

SECTION 9. IC 25-27.5-2-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 10. "Physician assistant" means an individual who has:

- (1) graduated from a physician assistant or a surgeon assistant program accredited by the CAHEA, CAAHEP, or a successor agency; and
- (2) passed the certifying examination administered by the NCCPA and maintains certification by the NCCPA; and
- (3) been licensed by the committee.

SECTION 10. IC 25-27.5-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. (a) The committee consists of five (5) members appointed by the governor for terms of three (3) years.

(b) The committee must include the following:

- (1) Three (3) physician assistants who:
  - (A) are residents of Indiana;
  - (B) have at least three (3) years experience as physician assistants; and
  - (C) are ~~certified~~ **licensed** under this article.
- (2) A physician licensed under IC 25-22.5 who:
  - (A) is familiar with the practice of physician assistants; and
  - (B) **is a resident of Indiana.**
- (3) An individual who:
  - (A) is a resident of Indiana; and
  - (B) is not associated with physician assistants in any way other than as a consumer.

SECTION 11. IC 25-27.5-3-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. The committee shall do the following:

- (1) Consider the qualifications of individuals who apply for ~~certificates~~ **licensure** under this article.
- (2) Provide for examinations required under this article.
- (3) ~~Certify~~ **License** qualified individuals.
- (4) Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.
- (5) Recommend to the board the amounts of fees required under this article.

SECTION 12. IC 25-27.5-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) After considering



the committee's proposed rules, the board shall adopt rules under IC 4-22-2 establishing standards for the following:

- (1) The competent practice of physician assistants.
- (2) The renewal of ~~certificates~~ **licenses** issued under this article.
- (3) Standards for the administration of this article.

(b) After considering the committee's recommendations for fees, the board shall establish fees under IC 25-1-8-2.

SECTION 13. IC 25-27.5-3-9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 9. In the event of a vacancy on the committee, the governor shall appoint a successor to complete the unexpired term.**

SECTION 14. IC 25-27.5-3-10 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 10. A member may not serve more than two (2) consecutive three (3) year terms and each member shall serve on the committee until a successor is appointed.**

SECTION 15. IC 25-27.5-3-11 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 11. The committee shall elect a chairperson and a secretary from among its members at the committee's first meeting of each fiscal year. The committee shall meet on a regular basis. A committee meeting may be called upon reasonable notice at the discretion of the chairperson and shall be called at any time upon reasonable notice by a petition of three (3) committee members to the chairperson.**

SECTION 16. IC 25-27.5-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 1. An individual must be ~~certified~~ **licensed** by the committee before the individual may practice as a physician assistant. The committee may grant a ~~certificate~~ **license** as a physician assistant to an applicant who does the following:**

- (1) Submits an application on forms approved by the committee.
- (2) Pays the fee established by the board.
- (3) Has:
  - (A) successfully completed an educational program for physician assistants or surgeon assistants accredited by the CAHEA, CAAHEP, or a successor agency; and
  - (B) ~~has~~ passed the Physician Assistant National Certifying Examination administered by the NCCPA ~~or other examination approved by the committee and maintains current NCCPA certification.~~



(4) Submits to the committee any other information the committee ~~requires~~ **considers necessary** to evaluate the applicant's qualifications.

(5) Presents satisfactory evidence to the committee that the individual has not been:

(A) engaged in an act that would constitute grounds for a disciplinary sanction under IC 25-1-9; ~~and or~~

(B) the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a physician assistant without endangering the public.

SECTION 17. IC 25-27.5-4-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. The committee may refuse to issue a ~~certificate license~~ or may issue a probationary ~~certificate license~~ to an individual if:

(1) the individual has been disciplined by an administrative agency in another jurisdiction or been convicted for a crime that has a direct bearing on the individual's ability to practice competently; and

(2) the committee determines that the act for which the individual was disciplined or convicted has a direct bearing on the individual's ability to practice as a physician assistant.

SECTION 18. IC 25-27.5-4-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 3. (a) If the committee issues a probationary ~~certificate license~~ under section 2 of this chapter, the committee may require the individual who holds the ~~certificate license~~ to meet at least one (1) of the following conditions:

(1) Report regularly to the committee upon a matter that is the basis for the probation.

(2) Limit practice to areas prescribed by the committee.

(3) Continue or renew professional education.

(4) Engage in community service without compensation for a number of hours specified by the committee.

**(5) Submit to the care, counseling, or treatment of a physician or physicians designated by the committee.**

(b) The committee shall remove a limitation placed on a probationary ~~certificate license~~ if, after a hearing, the committee finds that the deficiency that caused the limitation has been remedied.

SECTION 19. IC 25-27.5-4-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. (a) The committee may grant temporary ~~certification licensure~~ to an applicant who:

(1) meets the qualifications for ~~certification licensure~~ under



section 1 of this chapter except:

(A) for the taking of the **next scheduled** NCCPA examination;

or

(B) if the applicant has taken the NCCPA examination and is awaiting the results; or

(2) meets the qualifications for **certification licensure** under section 1 of this chapter but is awaiting the next scheduled meeting of the committee.

(b) A temporary **certification license** is valid until: ~~the earliest of the following:~~

(1) the results of an applicant's examination are available; **and**

(2) the committee makes a final decision on the applicant's request for **certification licensure**.

**(c) The temporary license is immediately revoked upon notice to the health professions bureau that the temporary license holder has failed the exam. The committee may extend a temporary license at its terms and discretion by a majority vote of the committee.**

~~(c)~~ **(d)** A physician assistant practicing under a temporary **certificate license** must practice with onsite physician supervision. ~~and, notwithstanding IC 25-27.5-5-4, may not dispense drugs or medical devices.~~

~~(d)~~ **(e)** A physician assistant who notifies the board in writing may elect to:

(1) place the physician assistant's **certification licensure** on an inactive status **if previously employed by a supervising physician; or**

(2) **apply for an inactive license if not currently employed at the time of initial application.**

**(f) A physician assistant with an inactive license shall be excused from payment of renewal fees and may not practice as a physician assistant.**

**(g) A licensee who engages in practice while the licensee's license is lapsed or on inactive status shall be considered to be practicing without a license which is grounds for discipline under IC 25-1-9.**

SECTION 20. IC 25-27.5-4-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. (a) A **certificate license** issued by the committee expires on a date established by the health professions bureau under IC 25-1-5-4 in the next even-numbered year following the year in which the **certificate license** was issued.

(b) An individual may renew a **certificate license** by paying a renewal fee on or before the expiration date of the **certificate license**.



(c) If an individual fails to pay a renewal fee on or before the expiration date of a ~~certificate license~~, the ~~certificate license~~ becomes invalid.

SECTION 21. IC 25-27.5-4-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) The committee may reinstate an invalid ~~certificate license~~ up to three (3) years after the expiration date of the ~~certificate license~~ if the individual holding the invalid ~~certificate license~~:

(1) pays a penalty fee for late renewal; and

(2) pays the renewal fee under section 5(b) of this chapter.

(b) If more than three (3) years have elapsed since the date a ~~certificate license~~ expired, the individual holding the ~~certificate license~~ may renew the ~~certificate license~~ by satisfying the requirements for renewal established by the board.

SECTION 22. IC 25-27.5-4-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7. (a) An individual who is ~~certified licensed~~ under this chapter shall notify the committee in writing when the individual retires from practice.

(b) Upon receipt of the notice, the committee shall:

(1) record the fact the individual is retired; and

(2) release the individual from further payment of renewal fees.

SECTION 23. IC 25-27.5-4-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 8. (a) If an individual surrenders a ~~certificate license~~ to the committee, the committee may reinstate the ~~certificate license~~ upon written request by the individual.

(b) If the committee reinstates a ~~certificate license~~, the committee may impose conditions on the ~~certificate license~~ appropriate to the reinstatement.

(c) An individual may not surrender a ~~certificate license~~ without written approval by the committee if a disciplinary proceeding under this article is pending against the individual.

SECTION 24. IC 25-27.5-4-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 9. The committee may reinstate a physician assistant's inactive license if the physician assistant requesting reinstatement pays the current renewal fee.**

SECTION 25. IC 25-27.5-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(b) **This chapter does not allow the independent practice by a physician assistant of any of the activities of other health care**



professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

SECTION 26. IC 25-27.5-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform the duties and responsibilities, **including the prescribing and dispensing of drugs and medical devices**, that are delegated by the supervising physician.

SECTION 27. IC 25-27.5-5-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. (a) ~~The board may adopt rules under IC 4-22-2 to determine the appropriate use of prescription drugs by a physician assistant.~~ **A physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.**

(b) **Notwithstanding subsection (a), a physician assistant may not prescribe, dispense, or administer ophthalmic devices including glasses, contacts, and low vision devices.**

(c) As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. **Prescription and administration of drugs may include:**

- (1) **all legend drugs that have been approved by the supervising physician; and**
- (2) **not more than a seven (7) day supply of scheduled substances as listed under IC 35-48-2 that have been approved by the supervising physician.**

~~(c) (d) Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2.~~ **Physician assistants may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.**

SECTION 28. IC 25-27.5-5-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. A physician assistant ~~certified~~ **licensed** under IC 25-27.5 shall:

- (1) **keep the physician assistant's certificate license** available for inspection at the primary place of business; and
- (2) **when engaged in the physician assistant's professional activities, wear a name tag identifying the individual as a physician assistant.**

SECTION 29. IC 25-27.5-5-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) **A supervising physician**



1 may delegate authority to a physician assistant to prescribe:

- 2 (1) legend drugs;  
 3 (2) not more than a seven (7) day supply of controlled  
 4 substances (as defined in IC 35-48-1-9) at one (1) time; and  
 5 (3) medical devices except ophthalmic devices including  
 6 glasses, contacts, and low vision devices.

7 (b) Any prescribing authority delegated to a physician assistant  
 8 must be expressly delegated in writing by the physician assistant's  
 9 supervising physician.

10 (c) A physician assistant who is delegated the authority to  
 11 prescribe legend drugs or medical devices must do the following:

- 12 (1) Enter on each prescription form that the physician  
 13 assistant uses to prescribe a legend drug or medical device:  
 14 (A) the signature of the physician assistant;  
 15 (B) the initials indicating the credentials awarded to the  
 16 physician assistant by the NCCPA; and  
 17 (C) the physician assistant's state license number.  
 18 (2) Comply with all applicable state and federal laws  
 19 concerning prescriptions for legend drugs and medical  
 20 devices.

21 (d) A supervising physician may delegate to a physician  
 22 assistant the authority to prescribe only legend drugs and medical  
 23 devices that are within the scope of practice of the licensed  
 24 supervising physician or the physician designee.

25 (e) A physician assistant who is delegated the authority to  
 26 prescribe controlled substances under subsection (a) must do the  
 27 following:

- 28 (1) Obtain an Indiana controlled substance registration and  
 29 a federal Drug Enforcement Administration registration.  
 30 (2) Enter on each prescription form that the physician  
 31 assistant uses to prescribe a controlled substance:  
 32 (A) the signature of the physician assistant;  
 33 (B) the initials indicating the credentials awarded to the  
 34 physician assistant by the NCCPA;  
 35 (C) the physician assistant's state license number; and  
 36 (D) the physician assistant's federal DEA number.  
 37 (3) Comply with all applicable state and federal laws  
 38 concerning prescriptions for controlled substances.

39 (f) A supervising physician may delegate to a physician assistant  
 40 the authority to prescribe only controlled substances that are  
 41 within the scope of practice of the licensed supervising physician or  
 42 the physician designee.





SECTION 30. IC 25-27.5-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. (a) Supervision by the supervising physician or the physician designee must be continuous but does not require the physical presence of the supervising physician at the time and the place that the services are rendered.

(b) A supervising physician or physician designee shall review all patient encounters not later than ~~twenty-four (24) hours~~ **two (2) working days** after the physician assistant has seen the patient.

SECTION 31. IC 25-27.5-6-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. A physician may **employ more than two (2) physician assistants but may not** supervise ~~not~~ more than two (2) physician assistants **at any given time.**

SECTION 32. IC 25-27.5-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. (a) Before initiating practice, the supervising physician and the physician assistant must submit, on forms approved by the board, the following information:

(1) The name, the business address, and the telephone number of the supervising physician.

(2) The name, the business address, and the telephone number of the physician assistant.

(3) A brief description of **the extent to which and** the setting in which the physician assistant will practice.

(4) Any other information required by the board.

(b) A physician assistant must notify the board of any changes or additions in practice sites or supervising physicians not more than thirty (30) days after the change or addition.

**(c) The board shall notify the committee of all information received from each supervising physician and physician assistant under this section. The board shall also notify the committee of any changes or additions made under this section.**

SECTION 33. IC 25-27.5-6.3 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]:

#### **Chapter 6.3. Certification of Health Status**

**Sec. 1. A physician assistant may be delegated the ability to:**

(1) evaluate and sign forms that certify the health status of patients by the supervising physician, including school physicals, employment physicals, and handicap parking permits; and

(2) authenticate with a signature any form that may be authenticated by the supervising physician's signature.

SECTION 34. IC 25-27.5-6.5 IS ADDED TO THE INDIANA



CODE AS A NEW CHAPTER TO READ AS FOLLOWS  
[EFFECTIVE JULY 1, 1999]:

**Chapter 6.5. Participation in Disaster and Emergency Care**

**Sec. 1.** This chapter does not apply to medical assistance provided at a hospital, physician's office, or other health care facility where medical services are normally provided.

**Sec. 2.** (a) A physician assistant licensed in this state or licensed or authorized to practice in another state who is responding to a need for medical care created by an emergency or a state or local disaster may render care that the physician assistant is able to provide without supervision, as defined in IC 25-27.5-6, or with supervision as is available. For purposes of this chapter, an emergency or state or local disaster does not include an emergency situation that occurs in the place of one's employment.

(b) A physician assistant who:

- (1) is licensed in this state or licensed or authorized to practice in another state;
- (2) voluntarily and gratuitously provides medical care during an emergency in this state; and
- (3) provides that care without a supervising physician being present;

is not liable for civil damages for any personal injuries that result from acts or omissions by the physician assistant providing the emergency medical care unless such acts or omissions constitute gross, willful, or wanton negligence.

**Sec. 3.** A physician who voluntarily and gratuitously supervises a physician assistant who is voluntarily and gratuitously providing emergency medical care is not:

- (1) required to meet the requirements for an approved supervising physician under IC 25-27.5-6; or
- (2) liable for civil damages for any personal injuries that result from acts or omissions by the physician assistant providing emergency medical care.

SECTION 35. IC 25-27.5-7-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. (a) An individual may not:

- (1) profess to be a physician assistant;
- (2) use the title "physician assistant", including the use of the title by a physician who is not licensed under IC 25-22.5; or
- (3) use the initials "P.A." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is a physician assistant ~~certified~~ **licensed** under this



1 article; or

2 **(4) practice as a physician assistant;**

3 unless the individual is ~~certified~~ **licensed** under this article.

4 **(b) However** Use of the initials "PA" by a public accountant who is  
5 authorized to use the initials "PA" by IC 25-2.1-12-6 is not a violation  
6 of this section.

7 SECTION 36. IC 25-27.5-7-4 IS ADDED TO THE INDIANA  
8 CODE AS A NEW SECTION TO READ AS FOLLOWS  
9 [EFFECTIVE JULY 1, 1999]: **Sec. 4. The committee shall establish**  
10 **and administer a program for the rehabilitation of physician**  
11 **assistants whose competency is impaired due to the abuse of drugs**  
12 **or alcohol. The committee may contract with any state agency or**  
13 **private corporation to perform duties under this section. The**  
14 **program shall be similar to that available to other health**  
15 **professionals in this state.**

16 SECTION 37. IC 34-30-2-101.5 IS ADDED TO THE INDIANA  
17 CODE AS A NEW SECTION TO READ AS FOLLOWS  
18 [EFFECTIVE JULY 1, 1999]: **Sec. 101.5. IC 25-27.5-6.5 (concerning**  
19 **actions of a physician assistant and a supervising physician in an**  
20 **emergency situation).**

21 SECTION 38. IC 25-27.5-3-7 IS REPEALED [EFFECTIVE JULY  
22 1, 1999].

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## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1403, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, after line 32, begin a new paragraph and insert:

"SECTION 3. IC 25-27.5-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. This article does not apply to the following:

- (1) A physician assistant trainee or a student enrolled in a physician assistant or a surgeon assistant educational program accredited by the CAHEA, **CAAHEP, or a successor agency.**
- (2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.
- (3) A health care professional, technician, ~~and~~ **or** other assistant or employee of a physician who performs delegated tasks in the office of a physician but who does not render services as a physician assistant or profess to be a physician assistant.

SECTION 4. IC 25-27.5-2-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 1.5 "Administer a drug" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means to the body of a patient.**

SECTION 5. IC 25-27.5-2-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. "Approved program" means a physician assistant or a surgeon assistant program accredited by CAHEA, **CAAHEP, or a successor agency.**

SECTION 6. IC 25-27.5-2-4.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 4.5. "CAAHEP" refers to the Commission on Accreditation of Allied Health Education Programs.**

SECTION 7. IC 25-27.5-2-7.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 7.3 "Dispense" means issuing one (1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to, or use by, a patient or issuing medical devices.**

SECTION 8. IC 25-27.5-2-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 10. "Physician assistant" means an individual who has:

- (1) graduated from a physician assistant or a surgeon assistant



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program accredited by the CAHEA, CAAHEP, or a successor agency; and

(2) passed the certifying examination administered by the NCCPA and maintains certification by the NCCPA; and

(3) been licensed by the committee.

SECTION 9. IC 25-27.5-2-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 14. "Supervision" means that the supervising physician or the physician designee overseeing the activities of and accepting responsibility for the physician assistant must be either physically present or immediately available for consultation at all times that services are rendered or tasks are performed by the physician assistant. The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician while the physician assistant is rendering medical services. The constant physical presence of the supervising physician is not required if the supervising physician (or the physician designee) can be physically present with the patient within a reasonable period of time. The term includes the use of protocols, guidelines, and standing orders developed or approved by the supervising physician.

SECTION 10. IC 25-27.5-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. (a) The committee consists of five (5) members appointed by the governor for terms of three (3) years.

(b) The committee must include the following:

(1) Three (3) physician assistants who:

(A) are residents of Indiana;

(B) have at least three (3) years experience as physician assistants; and

(C) are ~~certified~~ **licensed** under this article.

(2) A physician licensed under IC 25-22.5 who:

(A) is familiar with the practice of physician assistants; and

**(B) is a resident of Indiana.**

(3) An individual who:

(A) is a resident of Indiana; and

(B) is not associated with physician assistants in any way other than as a consumer.

SECTION 11. IC 25-27.5-3-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. The committee shall do the following:

(1) Consider the qualifications of individuals who apply for ~~certificates~~ **licensure** under this article.



- (2) Provide for examinations required under this article.
- (3) ~~Certify~~ **License** qualified individuals.
- (4) Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.
- (5) Recommend to the board the amounts of fees required under this article.

SECTION 12. IC 25-27.5-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) After considering the committee's proposed rules, the board shall adopt rules under IC 4-22-2 establishing standards for the following:

- (1) The competent practice of physician assistants.
- (2) The renewal of ~~certificates~~ **licenses** issued under this article.
- (3) Standards for the administration of this article.

(b) After considering the committee's recommendations for fees, the board shall establish fees under IC 25-1-8-2.

SECTION 13. IC 25-27.5-3-9 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 9. In the event of a vacancy on the committee, the governor shall appoint a successor to complete the unexpired term.**

SECTION 14. IC 25-27.5-3-10 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 10. A member may not serve more than two (2) consecutive three (3) year terms and each member shall serve on the committee until a successor is appointed.**

SECTION 15. IC 25-27.5-3-11 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 11. The committee shall elect a chairperson and a secretary from among its members at the committee's first meeting of each fiscal year. The committee shall meet on a regular basis. A committee meeting may be called upon reasonable notice at the discretion of the chairperson and shall be called at any time upon reasonable notice by a petition of three (3) committee members to the chairperson.**

SECTION 16. IC 25-27.5-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. An individual must be ~~certified~~ **licensed** by the committee before the individual may practice as a physician assistant. The committee may grant a ~~certificate~~ **license** as a physician assistant to an applicant who does the following:

- (1) Submits an application on forms approved by the committee.
- (2) Pays the fee established by the board.



(3) Has:

(A) successfully completed an educational program for physician assistants or surgeon assistants accredited by the CAHEA, CAAHEP, or a successor agency; and

(B) ~~has~~ passed the Physician Assistant National Certifying Examination administered by the NCCPA ~~or other examination approved by the committee and maintains current NCCPA certification.~~

(4) Submits to the committee any other information the committee ~~requires~~ **considers necessary** to evaluate the applicant's qualifications.

(5) Presents satisfactory evidence to the committee that the individual has not been:

(A) engaged in an act that would constitute grounds for a disciplinary sanction under IC 25-1-9; ~~and or~~

(B) the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a physician assistant without endangering the public.

SECTION 17. IC 25-27.5-4-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. The committee may refuse to issue a ~~certificate license~~ or may issue a probationary ~~certificate license~~ to an individual if:

(1) the individual has been disciplined by an administrative agency in another jurisdiction or been convicted for a crime that has a direct bearing on the individual's ability to practice competently; and

(2) the committee determines that the act for which the individual was disciplined or convicted has a direct bearing on the individual's ability to practice as a physician assistant.

SECTION 18. IC 25-27.5-4-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 3. (a) If the committee issues a probationary ~~certificate license~~ under section 2 of this chapter, the committee may require the individual who holds the ~~certificate license~~ to meet at least one (1) of the following conditions:

(1) Report regularly to the committee upon a matter that is the basis for the probation.

(2) Limit practice to areas prescribed by the committee.

(3) Continue or renew professional education.

(4) Engage in community service without compensation for a number of hours specified by the committee.

(5) **Submit to the care, counseling, or treatment of a physician**



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**or physicians designated by the committee.**

(b) The committee shall remove a limitation placed on a probationary ~~certificate~~ **license** if, after a hearing, the committee finds that the deficiency that caused the limitation has been remedied.

SECTION 19. IC 25-27.5-4-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. (a) The committee may grant temporary ~~certification~~ **licensure** to an applicant who:

(1) meets the qualifications for ~~certification~~ **licensure** under section 1 of this chapter except:

(A) for the taking of the ~~next scheduled~~ **NCCPA examination**;  
or

(B) if the applicant has taken the NCCPA examination and is awaiting the results; or

(2) meets the qualifications for ~~certification~~ **licensure** under section 1 of this chapter but is awaiting the next scheduled meeting of the committee.

(b) A temporary ~~certification~~ **license** is valid until: ~~the earliest of the following:~~

- (1) the results of an applicant's examination are available; **and**
- (2) the committee makes a final decision on the applicant's request for ~~certification~~ **licensure**.

(c) **The temporary license is immediately revoked upon notice to the health professions bureau that the temporary license holder has failed the exam. The committee may extend a temporary license at its terms and discretion by a majority vote of the committee.**

~~(c)~~ (d) A physician assistant practicing under a temporary ~~certificate~~ **license** must practice with onsite physician supervision. ~~and, notwithstanding IC 25-27.5-5-4, may not dispense drugs or medical devices.~~

~~(d)~~ (e) A physician assistant who notifies the board in writing may elect to:

- (1) place the physician assistant's ~~certification~~ **licensure** on an inactive status **if previously employed by a supervising physician; or**
- (2) **apply for an inactive license if not currently employed at the time of initial application.**

(f) **A physician assistant with an inactive license shall be excused from payment of renewal fees and may not practice as a physician assistant.**

(g) **A licensee who engages in practice while the licensee's license is lapsed or on inactive status shall be considered to be practicing**





**without a license which is grounds for discipline under IC 25-1-9.**

SECTION 20. IC 25-27.5-4-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. (a) A **certificate license** issued by the committee expires on a date established by the health professions bureau under IC 25-1-5-4 in the next even-numbered year following the year in which the **certificate license** was issued.

(b) An individual may renew a **certificate license** by paying a renewal fee on or before the expiration date of the **certificate license**.

(c) If an individual fails to pay a renewal fee on or before the expiration date of a **certificate license**, the **certificate license** becomes invalid.

SECTION 21. IC 25-27.5-4-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 6. (a) The committee may reinstate an invalid **certificate license** up to three (3) years after the expiration date of the **certificate license** if the individual holding the invalid **certificate license**:

- (1) pays a penalty fee for late renewal; and
- (2) pays the renewal fee under section 5(b) of this chapter.

(b) If more than three (3) years have elapsed since the date a **certificate license** expired, the individual holding the **certificate license** may renew the **certificate license** by satisfying the requirements for renewal established by the board.

SECTION 22. IC 25-27.5-4-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7. (a) An individual who is **certified licensed** under this chapter shall notify the committee in writing when the individual retires from practice.

(b) Upon receipt of the notice, the committee shall:

- (1) record the fact the individual is retired; and
- (2) release the individual from further payment of renewal fees.

SECTION 23. IC 25-27.5-4-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 8. (a) If an individual surrenders a **certificate license** to the committee, the committee may reinstate the **certificate license** upon written request by the individual.

(b) If the committee reinstates a **certificate license**, the committee may impose conditions on the **certificate license** appropriate to the reinstatement.

(c) An individual may not surrender a **certificate license** without written approval by the committee if a disciplinary proceeding under this article is pending against the individual.

SECTION 24. IC 25-27.5-4-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 9. The committee may reinstate**



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**a physician assistant's inactive license if the physician assistant requesting reinstatement pays the current renewal fee.**

SECTION 25. IC 25-27.5-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. **(a)** This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

**(b) This chapter does not allow the independent practice by a physician assistant of any of the activities of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).**

SECTION 26. IC 25-27.5-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform the duties and responsibilities, **including the prescribing and dispensing of drugs and medical devices**, that are delegated by the supervising physician.

SECTION 27. IC 25-27.5-5-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. **(a)** ~~The board may adopt rules under IC 4-22-2 to determine the appropriate use of prescription drugs by a physician assistant.~~ **A physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.**

**(b) Notwithstanding subsection (a), a physician assistant may not prescribe, dispense, or administer ophthalmic devices including glasses, contacts, and low vision devices.**

**(c)** As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. **Prescription and administration of drugs may include:**

- (1) all legend drugs that have been approved by the supervising physician; and**
- (2) not more than a seven (7) day supply of scheduled substances as listed under IC 35-48-2 that have been approved by the supervising physician.**

**(c) (d)** Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2. **Physician assistants may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.**

SECTION 28. IC 25-27.5-5-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. A physician assistant ~~certified licensed~~ under IC 25-27.5 shall:



- (1) keep the physician assistant's ~~certificate~~ **license** available for inspection at the primary place of business; and
- (2) when engaged in the physician assistant's professional activities, wear a name tag identifying the individual as a physician assistant.

SECTION 29. IC 25-27.5-5-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 6. (a) A supervising physician may delegate authority to a physician assistant to prescribe:**

- (1) legend drugs;
- (2) not more than a seven (7) day supply of controlled substances (as defined in IC 35-48-1-9) at one (1) time; and
- (3) medical devices except ophthalmic devices including glasses, contacts, and low vision devices.

**(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician.**

**(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:**

- (1) Enter on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:
  - (A) the signature of the physician assistant;
  - (B) the initials indicating the credentials awarded to the physician assistant by the NCCPA; and
  - (C) the physician assistant's state license number.
- (2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

**(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.**

**(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a) must do the following:**

- (1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.
- (2) Enter on each prescription form that the physician assistant uses to prescribe a controlled substance:
  - (A) the signature of the physician assistant;
  - (B) the initials indicating the credentials awarded to the physician assistant by the NCCPA;



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(C) the physician assistant's state license number; and

(D) the physician assistant's federal DEA number.

(3) Comply with all applicable state and federal laws concerning prescriptions for controlled substances.

(f) A supervising physician may delegate to a physician assistant the authority to prescribe only controlled substances that are within the scope of practice of the licensed supervising physician or the physician designee.

SECTION 30. IC 25-27.5-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. (a) Supervision by the supervising physician or the physician designee must be continuous but does not require the physical presence of the supervising physician at the time and the place that the services are rendered.

(b) A supervising physician or physician designee shall review all patient encounters not later than ~~twenty-four (24) hours~~ **two (2) working days** after the physician assistant has seen the patient. **This section does not prohibit the rendering of services by a physician assistant in a setting geographically remote from the supervising physician if the supervising physician or physician designee can be physically present within a reasonable period of time.**

SECTION 31. IC 25-27.5-6-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. A physician may **employ more than two (2) physician assistants but may not supervise not more than two (2) physician assistants at any given time.**

SECTION 32. IC 25-27.5-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. (a) Before initiating practice, the supervising physician and the physician assistant must submit, on forms approved by the board, the following information:

- (1) The name, the business address, and the telephone number of the supervising physician.
- (2) The name, the business address, and the telephone number of the physician assistant.
- (3) A brief description of **the extent to which and** the setting in which the physician assistant will practice.
- (4) Any other information required by the board.

(b) A physician assistant must notify the board of any changes or additions in practice sites or supervising physicians not more than thirty (30) days after the change or addition.

(c) **The board shall notify the committee of all information received from each supervising physician and physician assistant under this section. The board shall also notify the committee of any changes or additions made under this section.**



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SECTION 33. IC 25-27.5-6.3 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]:

**Chapter 6.3. Certification of Health Status**

**Sec. 1. A physician assistant may be delegated the ability to:**

- (1) evaluate and sign forms that certify the health status of patients by the supervising physician, including school physicals, employment physicals, and handicap parking permits; and
- (2) authenticate with a signature any form that may be authenticated by the supervising physician's signature.

SECTION 34. IC 25-27.5-6.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]:

**Chapter 6.5. Participation in Disaster and Emergency Care**

**Sec. 1. This chapter does not apply to medical assistance provided at a hospital, physician's office, or other health care facility where medical services are normally provided.**

**Sec. 2. (a) A physician assistant licensed in this state or licensed or authorized to practice in another state who is responding to a need for medical care created by an emergency or a state or local disaster may render care that the physician assistant is able to provide without supervision, as defined in IC 25-27.5-6, or with supervision as is available. For purposes of this chapter, an emergency or state or local disaster does not include an emergency situation that occurs in the place of one's employment.**

**(b) A physician assistant who:**

- (1) is licensed in this state or licensed or authorized to practice in another state;
- (2) voluntarily and gratuitously provides medical care during an emergency in this state; and
- (3) provides that care without a supervising physician being present;

**is not liable for civil damages for any personal injuries that result from acts or omissions by the physician assistant providing the emergency medical care unless such acts or omissions constitute gross, willful, or wanton negligence.**

**Sec. 3. A physician who voluntarily and gratuitously supervises a physician assistant who is voluntarily and gratuitously providing emergency medical care is not:**

- (1) required to meet the requirements for an approved supervising physician under IC 25-27.5-6; or



**(2) liable for civil damages for any personal injuries that result from acts or omissions by the physician assistant providing emergency medical care.**

SECTION 35. IC 25-27.5-7-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. **(a)** An individual may not:

- (1) profess to be a physician assistant;
- (2) use the title "physician assistant", including the use of the title by a physician who is not licensed under IC 25-22.5; or
- (3) use the initials "P.A." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is a physician assistant ~~certified~~ **licensed** under this article; **or**

**(4) practice as a physician assistant;**

unless the individual is ~~certified~~ **licensed** under this article.

**(b)** ~~However~~ Use of the initials "PA" by a public accountant who is authorized to use the initials "PA" by IC 25-2.1-12-6 is not a violation of this section.

SECTION 36. IC 25-27.5-7-4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 4. The committee shall establish and administer a program for the rehabilitation of physician assistants whose competency is impaired due to the abuse of drugs or alcohol. The committee may contract with any state agency or private corporation to perform duties under this section. The program shall be similar to that available to other health professionals in this state.**

SECTION 37. IC 34-30-2-101.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 101.5. IC 25-27.5-6.5 (concerning actions of a physician assistant and a supervising physician in an emergency situation).**

SECTION 38. IC 25-27.5-3-7 IS REPEALED [EFFECTIVE JULY 1, 1999].".

Re-number all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1403 as introduced.)

BROWN C, Chair

Committee Vote: yeas 9, nays 3.

**HB 1403—LS 7483/DI 88+**



## HOUSE MOTION

Mr. Speaker: I move that House Bill 1403 be amended to read as follows:

Page 3, delete lines 34 through 42.

Page 4, delete lines 1 through 6.

Page 11, line 2, delete "This".

Page 11, delete lines 3 through 6.

Renumber all SECTIONS consecutively.

(Reference is to HB 1403 as printed February 25, 1999.)

BROWN C

## HOUSE MOTION

Mr. Speaker: I move that House Bill 1403 be amended to read as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 2-2.1-4 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]:

**Chapter 4. Mandated Health Insurance Services Evaluation**

**Sec. 1. The general assembly finds the following:**

- (1) Before acting on proposed health insurance mandates, the general assembly should carefully consider the effects of the mandates on consumers, workers, and small businesses.
- (2) The general assembly has sometimes acted without adequate information concerning the costs of health insurance mandates, focusing instead only on the benefits.
- (3) The costs of health insurance mandates are sometimes paid in part by consumers in the form of higher prices and reduced availability of goods and services.
- (4) The costs of health insurance mandates are sometimes paid in part by workers in the form of lower wages, reduced benefits, and fewer job opportunities.
- (5) The costs of health insurance mandates are sometimes paid in part by small businesses in the form of hiring disincentives and stunted growth.

**Sec. 2. As used in this chapter, "commission" means the mandated health insurance services evaluation commission**

HB 1403—LS 7483/DI 88+



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established under section 4 of this chapter.

**Sec. 3.** As used in this chapter, "mandated health insurance service" means a legislative proposal that:

- (1) requires coverage, or requires offering of coverage, for the expenses of specified services, treatments, diseases, or lengths of stay under any policy, contract, plan, or other arrangement providing sickness and accident or other health care benefits to policyholders, subscribers, members, or other beneficiaries; or
- (2) requires direct reimbursement, or requires a specific amount of reimbursement, of health care providers under any policy, contract, plan, or other arrangement providing sickness and accident or other health care benefits to policyholders, subscribers, members, or other beneficiaries.

**Sec. 4.** The mandated health insurance services evaluation commission is established to assess the social, medical, and financial impacts of proposed mandated health insurance services.

**Sec. 5. (a)** The commission consists of fourteen (14) members appointed as follows:

- (1) Two (2) members of the house of representatives, to be appointed by the speaker of the house of representatives. The individuals appointed under this subdivision must be members of different political parties.
- (2) Two (2) members of the senate, to be appointed by the president pro tempore of the senate. The individuals appointed under this subdivision must be members of different political parties.
- (3) Two (2) members to represent small business, one (1) to be appointed by the speaker of the house of representatives and one (1) to be appointed by the president pro tempore of the senate.
- (4) One (1) member to represent the insurance industry, to be appointed by the president pro tempore of the senate.
- (5) One (1) member to represent labor, to be appointed by the speaker of the house of representatives.
- (6) One (1) member who is employed with an independent actuarial firm, to be appointed by the president pro tempore of the senate.
- (7) Two (2) members who are physician providers, one (1) to be appointed by the speaker of the house of representatives and one (1) to be appointed by the president pro tempore of the senate. At least one (1) member appointed under this





subdivision shall represent Indiana hospitals.

(8) Three (3) members who are consumers and who are employed, one (1) to be appointed by the president pro tempore of the senate and two (2) to be appointed by the speaker of the house of representatives. Not more than one (1) member appointed under this subdivision may be a member of or represent a consumer advocate group or organization.

(b) Not more than seven (7) members appointed to the commission may be members of the same political party.

(c) The members of the commission shall elect the commission's chairperson.

Sec. 6. (a) The commission shall meet at least one (1) time each month.

(b) The commission shall meet at the call of the chairperson.

(c) Eight (8) members of the commission constitute a quorum.

(d) The commission may take a final action upon the approval of eight (8) members of the commission.

Sec. 7. (a) Each commission member who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each commission member who is a state employee is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

Sec. 8. The legislative services agency shall provide administrative support for the commission.

Sec. 9. (a) If a bill or resolution that is introduced or pending in the general assembly contains a mandated health insurance service, the commission shall determine the following:

(1) The social impact of the proposed mandate, including the following:

(A) The extent to which the service is needed by and generally used by a significant portion of Indiana citizens.

(B) The extent to which insurance coverage for the service is already generally available.

(C) If insurance coverage for the service is not generally



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available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatment.

(D) If insurance coverage for the service is not generally available, the extent to which the lack of coverage results in unreasonable financial hardships.

(E) The level of the public demand for the service.

(F) The level of the public demand for insurance coverage for the service.

(G) The extent of public demand for the inclusion of insurance coverage for the service in policies, contracts, plans, or other arrangements negotiated through collective bargaining.

(H) The extent to which the service is covered or provided by self-funded employer groups in Indiana that employ at least five hundred (500) employees.

(2) The medical impact of the proposed mandate, including the following:

(A) The extent to which the service is generally recognized by the medical community as being effective in the treatment of patients.

(B) The extent to which the service is generally recognized by the medical community, as demonstrated by a review of scientific and peer review literature.

(C) The extent to which the service is generally available and used by treating physicians.

(D) If the proposed mandate would require insurance coverage for a particular therapy, the results of at least one (1) professionally-accepted controlled trial comparing the medical consequences of the proposed therapy, alternative therapies, and no therapy.

(E) If the proposed mandate would require insurance coverage for an additional class of persons, the results of at least one (1) professionally-accepted controlled trial comparing the medical results achieved by the additional class of persons and the persons already covered.

(3) The financial impact of the proposed mandate, including the following:

(A) The extent to which insurance coverage for the service will increase or decrease the cost of the service.

(B) The extent to which insurance coverage for the service will increase the appropriate use of the service.

(C) The extent to which the service will be a substitute for

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a more expensive service.

(D) The extent to which insurance coverage for the service will increase or decrease the administrative expenses of insurers and the premiums and administrative expenses of policyholders, subscribers, members, or other beneficiaries under policies, contracts, plans, or other arrangements.

(E) The effect of the mandate, including any disproportionate impact in particular regions or industries, on consumers, workers, and small businesses, including the effect of the mandate on the following:

(i) Consumer prices and the supply of goods and services in consumer markets.

(ii) Worker wages, worker benefits, and employment opportunities.

(iii) Hiring practices, expansion, and profitability of businesses, including the hiring practices, expansion, and profitability of businesses with not more than one hundred (100) employees.

(F) The effect of the insurance coverage for the service on the total cost and availability of health care in Indiana.

(G) The effect of the mandate on employers' ability to purchase health insurance policies meeting their employees' needs.

(b) The commission shall also have prepared an actuarial analysis of each mandated health insurance service described in subsection (a). The actuarial analysis must:

- (1) be prepared by or under the supervision of an actuary;
- (2) be completed in accordance with the actuarial standards of practice adopted by the Actuarial Standards Board of the American Academy of Actuaries; and
- (3) include at least the following:

(A) A summary of the mandated health insurance service.

(B) A description or reference to the actuarial assumptions and actuarial cost methods used in the analysis.

(C) A statement of the financial impact of the proposed mandated health insurance service on public and private insurance markets.

**Sec. 10.** The commission shall prepare the mandated health insurance service analysis required by subsection (a) and shall provide copies of the analysis to any committee of the house of representatives or the senate to which the bill is assigned."



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Renumber all SECTIONS consecutively.

(Reference is to HB 1403 as printed February 25, 1999, printer's error version.)

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